

SEP 14 2018

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT

FORM B LEGISLATIVE RESOURCE CENTER
For New Members, Candidates, and New Employees
18 SEP 20 AM 10:47

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Name: <u>Candius M. Stearns</u>		Daytime Telephone: _____	Office of Representative: <u>U.S. HOUSE OF REPRESENTATIVES</u>
FILER STATUS	New Member or Candidate for U.S. House of Representatives	State: <u>MI</u>	Check if Amendment <input type="checkbox"/>
	Candidates – Date of Election:	<u>November 6, 2018</u>	
New Officer or Employee		Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>	Period Covered: <u>January 1, 2018 to September 14, 2018</u>
<p>A \$200 penalty shall be assessed against any individual who files more than 30 days late.</p>			

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Yes No

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "Yes" unless you have first consulted with the Committee on Ethics. Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Candiush M. Stearns

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BLOCK A Assets and/or Income Sources	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income																					
			A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	VIII	IX
Current Year													Preceding Year											
None													None											
\$1-\$10,000													\$1-\$10,000											
\$10,001-\$15,000													\$10,001-\$15,000											
\$15,001-\$50,000													\$15,001-\$50,000											
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\$5,000,001-\$25,000,000													\$5,000,001-\$25,000,000											
\$25,000,001-\$50,000,000													\$25,000,001-\$50,000,000											
Over \$50,000,000													Over \$50,000,000											
Spouse/DC Asset over \$1,000,000*													Spouse/DC Asset over \$1,000,000*											
NONE													NONE											
DIVIDENDS													DIVIDENDS											
RENT													RENT											
INTEREST													INTEREST											
CAPITAL GAINS													CAPITAL GAINS											
EXCEPTED/BLIND TRUST													EXCEPTED/BLIND TRUST											
TAX DEFERRED													TAX DEFERRED											
Other Type of Income (Specify: e.g., Partnership Income or Farm Income)													Other Type of Income (Specify: e.g., Partnership Income or Farm Income)											
None													None											
\$1-\$200													\$1-\$200											
\$201-\$1,000													\$201-\$1,000											
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\$5,001-\$15,000																								

SCHEDULE A – ASSETS & “UNEARNED INCOME”

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Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: Candius M. Stearns

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,485. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more and filer's spouse; list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you

Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

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Source (include date of receipt for honoraria)

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name: Candiis M. Stearns

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

exceeded \$10,000.											
*Column K is for liabilities held solely by your spouse or dependent child.											
SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability							
				A	B	C	D	E	F	G	H
				\$10,001- \$15,000							
					\$15,001- \$50,000						
						\$50,001- \$100,000					
							\$100,001- \$250,000				
								\$250,001- \$500,000			
									\$500,001- \$1,000,000		
										\$1,000,001- \$5,000,000	
											\$5,000,001- \$25,000,000
											\$25,000,001- \$50,000,000
											Over \$50,000,000
											Over \$1,000,000* (Spouse/DC Liability)

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise; nonprofit organization, labor organization, or educational or other institution other than the United States. **Excludes:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members** and **second-year candidates** report positions held in the current calendar year and two previous years.

Position	Name of Organization
Owner & President	DF Benefits, Inc.
Owner	DFB TPA Services LLC
Owner	DF Property and Casualty LLC

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

Name: Candius M. Stearns

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers or any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule C.**

Use additional sheets if more space is required.

1	Customer	City/State	Duties	Brief Description of
1829	S&G Fabricators Total	Area/MI	Services	Tri-County ACA Compliance HR
1912	Craig's Inc. Total	Area/MI	Services	Tri-County ACA Compliance HR
2048	ColorTech Graphics Total	Area/MI	Services	The Huntsman Hunt Club, Inc. Tri-County ACA Compliance HR
2201	Total	Area/MI	Services	Tri-County ACA Compliance HR
2349	Connect Total	Area/MI	Services	Tri-County ACA Compliance HR
2522	Federated Capital Corporation Total	Area/MI	Services	Tri-County ACA Compliance HR
2687	Federated Service Solution Total	Area/MI	Services	Tri-County ACA Compliance HR
2693	RBE Automated (deleted) Total	Area/MI	Services	Tri-County ACA Compliance HR
2815	Casadei Structural Steel, Inc Total	Area/MI	Services	Tri-County ACA Compliance HR
2988	Campus Village Concepts Total	Area/MI	Services	Tri-County ACA Compliance HR
3025	Total	Area/MI	Services	ACA Compliance HR
3242	LLC Total	Area/MI	Services	Kramer Electronics USA (rule) Tri-County ACA Compliance HR
3280	Great Lakes Central Railroad Total	Area/MI	Services	ACA Compliance HR
3336	Universal Tool Total	Area/MI	Services	Tri-County ACA Compliance HR
3482	4D Systems Total	Area/MI	Services	Tri-County ACA Compliance HR
3600	Frank Rewold and Son Inc. Total	Area/MI	Services	ACA Compliance HR
3753	Treva Automation Total	Area/MI	Services	Tri-County ACA Compliance HR
4030	Scott Industries, Inc. Total	Area/MI	Services	Tri-County ACA Compliance HR
4328	The Classic Jersey Company Total	Area/MI	Services	ACA Compliance HR
4381	FEI Services Company Total	Area/MI	Services	Tri-County ACA Compliance HR
4592	SVT Total	Area/MI	Services	ACA Compliance HR

Customer	City/State	Brief Description of Service
Mason McBride Troy/MI	Michigan	Insurance Agent Commissions
AHL Insurance	Michigan	Insurance Agent Commissions
EBSO	Michigan	Insurance Agent Commissions
HAP	Michigan	Insurance Agent Commissions
Humana	Michigan	Insurance Agent Commissions
Allied Benefits	Michigan	Insurance Agent Commissions
Mettlife	Michigan	Insurance Agent Commissions
BCSM	Michigan	Insurance Agent Commissions
Total HealthCare	Michigan	Insurance Agent Commissions
Unum	Michigan	Insurance Agent Commissions
Priority Health	Michigan	Insurance Agent Commissions
Guardian	Michigan	Insurance Agent Commissions
Acton Benefits	Michigan	Insurance Agent Commissions
Unum	Michigan	Insurance Agent Commissions
Priority Health	Michigan	Insurance Agent Commissions
Guardian	Michigan	Insurance Agent Commissions
Acton Benefits	Michigan	Insurance Agent Commissions

Exhibit C
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**FILER NOTES
(Optional)**

Name: Candius Steams

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Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

Name: Candius

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Use additional sheets if more space is required.